
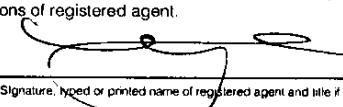
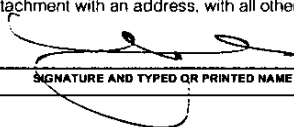


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90261 015 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # N05000003890 1. Entity Name PINEWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549 | | | Mailing Address 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | | |
| 4. FEI Number 20-2691302 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TYLER, JONNIE R 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549 | | | 7. Name and Address of New Registered Agent Name LandArc, Inc. Street Address (P.O. Box Number is Not Acceptable) 6150 State Rd. 70 City Bradenton FL Zip Code 34203 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  4-16-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FEATHERS, RICK <input type="checkbox"/> Delete 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARCARO, LAUREN <input type="checkbox"/> Delete 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MEADOWS, ROBERT <input type="checkbox"/> Delete 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  4-16-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)[Previous on List](#)[Next on List](#)[Return To List](#)[No Events](#)[No Name History](#)[Entity Name Search](#)**Detail by Entity Name****Florida Non Profit Corporation**

PINWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

Filing Information

Document Number N05000003890

FEI Number 202691302

Date Filed 04/15/2005

State FL

Status ACTIVE

Principal Address16242 NORTH FLORIDA AVENUE
LUTZ FL 33549

Changed 04/30/2007

Mailing Address16242 NORTH FLORIDA AVENUE
LUTZ FL 33549

Changed 04/30/2007

Registered Agent Name & AddressTYLER, JONNIE R
16242 NORTH FLORIDA AVENUE
LUTZ FL 33549 US

THIS CHECK IS VOID IF MICRO PRINT SIGNATURE IS UNREADABLE UNDER MAGNIFICATION

Name Changed: 05/01/2006

Address Changed: 04/30/2007

Officer/Director Detail**Name & Address**

Title P

FEATHERS, RICK
16242 NORTH FLORIDA AVENUE
LUTZ FL 33549

Title VP

ARCARO, LAUREN
16242 NORTH FLORIDA AVENUE
LUTZ FL 33549

ATTACHMENT

40097612

#N05000003890

Title T

MEADOWS, ROBERT
16242 NORTH FLORIDA AVENUE
LUTZ FL 33549

Annual Reports

Report Year Filed Date

2006 05/01/2006

2007 04/30/2007

Document Images

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05/01/2006 -- ANNUAL REPORT

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04/15/2005 -- Domestic Non-Profit

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